U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This react the polatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name McHael P McDonin D Labor Organization File Number D/J/C P.O. Box, Bidg., Room No., if any Street Sol Pulm St. Sull City State S. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. Street City State ZIP Code +4 Signature	1. File Number U - 4/1/4//	2. Fiscal Year Covered From:			
Name Michael P Michael P Michael Labor Organization File Number D1910 C P.O. Box, Bildg., Room No., if any Street SO1 Polician St. S. M. Street SO1 Polician St. Street SO1 Polician St. S. M. State S. Position in labor organization. Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions): A. Held an interest in, engaged in transactions (including lone) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Street City Slate ZIP Code +4 Signature	in coffee consultances from the	6/81/63 Through: 5/36/64			
Labor Organization File Number P.O. Box, Bidg., Room No., if any Street SOL PULLAN St. S., M City ATABLE State S. I ZIP Code + 4 Sol State S. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losne) with, or derived income or other accompic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: 7.b. Amount. Street City State ZIP Code + 4 Signature	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any Street	Name MicHAEL P McDONALD	Name ATTANTA GRAPHIC COMMUNICATIVIK LINERIM Labor Organization File Number 77880			
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Signature					
	State ZIP Code + 4				
All minutes and a deposit a fine of a deposit and a second a second and a second and a second and a second and a second an	Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	Signed KORPHOOQQ				

And the second

Name of Person Filing Wichael P. McDontale	,	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Communications United Legal Secret Secr	11.b. Approximate dollar value.	e of such dealing.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	NA		